

HIV Quality Management Plan
SC Department of Health & Environmental Control
Bureau of Disease Control, STD/HIV Division
HIV Care & Support Programs, South Carolina

Background and History:

The United States Congress enacted the Ryan White Treatment Modernization Act of 2006 (Ryan White Program) in 2006 with the goal to improve the quality and availability of care for individuals and families infected and affected by HIV disease by providing emergency assistance to regions most severely affected by HIV epidemic. Since 2000 the Ryan White legislation has included specific provisions directing grantees to establish, implement and sustain quality management programs, which include monitoring of access to and quality of health services to ensure that PWHIV who are eligible for treatment receive it.

A major focus of the Ryan White program is not only to eliminate barriers to accessing care, but also to improve the quality of care that its clients receive. New and significant legislative requirements found in the Reauthorization of 2006 direct grantees to ensure that

1. service providers adhere to established HIV clinical practices;
2. quality improvement strategies include support services that help people receive appropriate HIV health care (e.g., transportation assistance, case management); and
3. demographic, clinical, and health care utilization information is used to monitor trends in the spectrum of HIV-related illnesses and the local epidemic.

Expectations:

Emphasized in the Ryan White Program expectations, quality management programs are pivotal in addressing the following key themes:

- Improve access to and retention in care for HIV+ individuals aware of their status
- Quality of services and related outcomes
- Linkage of social support services to medical services
- Ability of the program to change with the epidemic
- Use of epidemiological and health outcome data for priority setting
- Accountability (resources, responsibility, implementation, etc.)

Quality Statement:

Central to the South Carolina Department of Health and Environmental Control's mission, values, and strategic plan is the goal to improve access to high quality healthcare. The purpose of the quality management program is to set forth a coordinated approach to quality assessment and process improvement within the SC Department of Health & Environmental Control (DHEC), STD/HIV Division, and HIV Care & Support Programs. The STD/HIV Division is dedicated to ensuring the highest quality of HIV medical care and support services for people living with HIV/AIDS in the state of South Carolina. The mission of the HIV Quality Management Program is to ensure that all people living with HIV/AIDS in South Carolina receive the highest quality of Ryan White funded primary medical care and support services.

Quality Infrastructure:

A. Leadership and Accountability

- **SC Department of Health & Environmental Control:**
 - *Health Services Office of Performance Management.*

Health Services has designed a Performance Management System that will enable the deputy area to monitor its performance in all aspects of its operations. Categories for which performance measures have

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been developed are Management, Human Resources, Public Health Capacity, Data and Information Systems, Customer Focus, Financial Systems and Health Status. All of the indicators are linked to the DHEC Strategic Plan.

STD/HIV Division, HIV Care & Support Services, monthly meetings with division-wide participation including Division Director, Bureau Medical Director, Division Medical Director, Program Managers, Surveillance, Support Staff, Nurse, DIS, Health Education, Financial, Planning and Evaluation Consultants.

Division staff provides oversight and management of the RW Part B & D grants. Staffs monitor all Ryan White funds and sub-contractors to ensure that Ryan White funds are the payer of last resort. The division leadership is dedicated to the quality improvement process and guides the quality management plan.

- Quality Management Steering Committee:
 - Beginning in April 2007 monthly meetings are scheduled through November 2007. The committee alternates between face-to-face meetings and conference calls each month. Membership consists of ten individuals representing Ryan White Part B, C & D programs, Community Health Centers, local Health Department, and a Community Based AIDS Service organization. Members are also representative of five geographical regions (formerly consortia) of the state: Midlands, Catawba, Upstate (Upper Savannah, Piedmont & AID Upstate), Coastal (Low Country (ACCESS), Trident and CARETEAM), and the HopeHealth (Lower Savannah, Tri-County and Pee Dee) Membership include persons living with HIV.
 - Quality Management Steering Committee members:
 1. Share information regarding quality management plans and processes both within organization and among network partners
 2. Help plan regional meetings as follow-up to technical assistance activities to include developing common sets of quality measures among network partners
 3. Help with cheerleading/buy-in for geographical and HIV and primary care service delivery partners and peers

B. Resources

SCDHEC, STD/HIV Division Director, Infectious Disease Medical Consultants, HIV Care & Support Service Program Director, Part D Coordinator, ADAP Coordinator, Provide Software Consultant, HIV Planning Council, Part B Coordinator, Surveillance Director, HIV Surveillance Coordinator, and Quality Management (CQI) Coordinator support the Quality Management Steering Committee.

- Regional CQI Committees:
 - Regional CQI Committees have been initiated in the five geographical areas (formerly consortia) of the state Midlands, Catawba, Upstate (Upper Savannah, Piedmont & AID Upstate), Coastal (Low Country (ACCESS), Trident and CARETEAM), and the HopeHealth (Lower Savannah, Tri-County and Pee Dee). The Regional CQI Committees are composed of appropriate clinical and administrative staff (case managers and care providers), will collaborate to create systems for reporting clinical outcome measures to clinical staff and overseeing implementation of CQI project ideas

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in individual care environments, i.e. allowing time at staff meetings for discussion of quality issues.

- The Regional CQI Committee will meet at least quarterly and minutes will be taken and kept on file.
 - Members of the CQI Committee may have the responsibility to develop, implement and monitor improvement programs. Members may be responsible for components of the CQI program, including overseeing actual data collection and analysis and team development to address specific issues.
 - The CQI Committee will promote progress in the following areas:
 - Routine monitoring of internally identified clinical issues in HIV care
 - Adherence to PHS standards for consumer care management
 - Patient Chronic Disease Self Management Program
 - Education of all staff regarding CQI principles

Part B/D Providers

- Part B/D Providers are responsible for ensuring quality management components of contracts are met.
- The FY 2007-2008 contract deliverables to include the following Quality Management language:
 - Develop and implement a Quality Management plan (i.e., a local Quality Management plan)
 - Participate in All Parts Quality Management pilot (i.e., the Regional Committee)
 - Provide information related to the local Quality Management program as requested by the STD/HIV Division

Quality Plan Implementation

- Additional staff resources (CQI Coordinator) will be dedicated to the establishment of a wide-reaching CQI Program. Until CQI Coordinator hired, HIV Care & Support Service Staff will manage quality management program.
 - The CQI Coordinator will be responsible for:
 - Establishing content of and scheduling of meetings
 - Research on best practices
 - Quarterly reports on projects and progress
 - Facilitating consumer involvement in quality improvement and program planning
 - Providing instruction on CQI principles
 - Following up on suggestions by consumers to improve the care they are receiving
- Develop a timeframe for re-measurement that will allow for the tracking of deficiencies and ensure quality care.
- Collect data from all Ryan White providers in the region in a timely and efficient way that will allow for data analysis and needs assessment throughout the region.

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- Focus on promoting provider adherence to highest priority PHS Guidelines for HIV care.

Performance Measurement

As a strategy to support alignment of quality measures across Ryan White Programs, Dr. Bruce Agins facilitated a quality management workshop during the All Titles meeting held December 15, 2006. The workshop included two (2) segments for prioritization of indicators including a) silent generation of the three (3) most important priorities for quality of care measurement in SC; b) discussion groups to identify priorities and achieve consensus to identify which issues should be prioritized in a comprehensive statewide quality management program. Stakeholders from every Ryan White Funded program in South Carolina attended and participated in prioritization of indicator exercises.

The Quality Management Steering Committee using priorities identified by Ryan White funded stakeholders, Health Resources and Services Administration's Office of Performance Review measures for Ryan White Part C & D Program and HIVQUAL selected 20 HIV program quality measures to align Ryan White B, C, and D Programs.

Statewide Quality Measures

1. Number (Percentage) of patients with at least two (2) visits per year, one visit in each six-month period of the year.
2. Number (Percentage) of adolescents \geq age 13 years & adult clients with HIV/AIDS CD4 <350 or viral load >100,000 that are prescribed HAART.
3. Number (Percentage) of female patients/clients with at least one annual Pap test.
4. Number (Percentage) of patients seen (referred AND with completed visit) by an oral health provider annually.
5. Number (Percentage) of patients with an annual syphilis screen.
6. Number (Percentage) of patients with a CD4 and viral load test every six months.
7. Number (Percentage) of patients with CD4 < 200 (or age adjusted for risk as clinically indicated for children) who are prescribed Pneumocystis jirovecii pneumonia (PCP) Prophylaxis.
8. Number (Percentage) of pregnant women prescribed antiretroviral therapy.
9. Number (Percentage) of patients/clients with a complete psychosocial assessment in the past year.
10. Number (Percentage) of clients screened for HIV knowledge every six months.
11. Number (Percentage) of clients with a service plan that has been updated in the past six months.
12. Number (Percentage) of clients with a service plan that has been signed in the past six months.
13. Number (Percentage) of patients with CD4 < 50 (or age adjusted for risk as clinically indicated for children) who are prescribed MAC Prophylaxis (rifabutin, clarithromycin, azithromycin or other).
14. Number (Percentage) of clients with HIV infection who have been screened for Hepatitis B virus infection status.
15. Number (Percentage) of clients with HIV infection who have completed the vaccination series for Hepatitis B.
16. Number (Percentage) of clients with HIV infection who have been screened for Hepatitis C virus infection.

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17. Number (Percentage) of clients with HIV infection prescribed antiretroviral (ARV) who receives adherence counseling during appointments 6 months (or less) apart.
 18. Number (Percentage) of clients with HIV infection prescribed antiretroviral (ARV) who receives risk reduction counseling during appointments 6 months (or less) apart.
 19. Number (percentage) of patients on AIDS Drug Assistance (ADAP) wait list.
 20. Number (Percentage) of patients receiving Medications from Pharmaceutical Patient Assistance Programs.
- State health department staff, QM Steering and Regional CQI Committees to use 2006 & 2007 CADR for all Ryan White funded programs used to establish baseline and trend data.
 - CADR Report submitted to QM Coordinator quarterly, chart audits, and quarterly quality measure data submission beginning in April 2008, thereafter, quality measure data reports to be in July, October, and January 2009.
 - Each CQI Regional Committee is to select at least five (5) *performance measures annually* for improvement in the major functional areas and the important aspects of care and service.
 - Regular *review of data for performance measures* from a variety of sources will occur as per the attached schedule. State health department staff will coordinate these activities. Data reports will be presented for review to Quality Committee and designated teams.
 - Data collection will be implemented and will include both concurrent and retrospective review.
 - *See SC Measurement Strategy and Statewide Case Management Indicators*

Annual Quality Goals

A. Overall goals of the Quality Management Program include:

- A systematic, state-wide process for planning, designing, measuring, assessing and improving performance with the following components:
 1. *Develop a planning mechanism* incorporating baseline data from external and internal sources and input from leadership, staff and patients. Clinical, operational and programmatic aspects of patient care will be reviewed.
 2. *Emphasize design* needs associated with new and existing services, patient care delivery, work flows and support systems which maximize results and satisfaction on the part of the patients and their families, physicians and staff.
 3. *Evolve and refine measurement* systems for identifying trends in care and sentinel events by regularly collecting and recording data and observations relating to the provision of patient care across the continuum.
 4. *Employ assessment* procedures to determine efficacy and appropriateness and to judge how well services are delivered and whether opportunities for improvement exist.
 5. *Focus on improving* quality in all of its dimensions by implementing multidisciplinary, data driven, project teams and encouraging participatory problem solving.
 6. *Promote communication*, dialogue and informational exchange across the STD/HIV Division and throughout Regional Committees, with regard to findings, analyses, conclusions, recommendations, actions and evaluations pertaining to performance improvement.

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7. Strive to establish collaborative relationships with diverse stakeholders and community agencies for collectively promoting the general health and welfare of the community served.

B. Specific goals and objectives for the HIV/STD Division HIV Care and Support Section for fiscal year 2007-2008 can be found in Attachment B.

Multidisciplinary Team and Development of Improvement Plan

- Once an opportunity for improvement has been identified a multidisciplinary team will be convened to analyze the process and develop improvement plans. These teams will include those staff members closely associated with the process under study. Every attempt will be made to include individuals from other departments who may be impacted by changes made by the team and to help promote collaboration between departments.

Continuous Quality Improvement Methodology will be utilized and may include, but not be limited to, the following:

PDSA (Plan/Do/Study/ACT)

Flow Chart Analysis

Cause and Effect Diagrams

Brainstorming

Observational Studies

Activity Logs

Quality Committee/Team Meeting Improvement Plans will be developed and implemented by the teams:

Improvements may include:

System Redesign

Education (Staff, Clients, Stakeholders and Customers)

Clinical Guidelines review, revision or development

Procedure and policy changes

Form development or revision

All improvement plans will be communicated to all appropriate staff and to clients if deemed appropriate.

Evaluation

- The QM program will be evaluated annually to assess quality infrastructure and activities to ensure that the quality program is in line with its overall purpose. Based on those findings, the CQI Teams will refine strategies for the following year. Chart audit results, staff and patient comments, effectiveness of CQI activities, and program goals will be used to evaluate the program.

Capacity Building

The STD/HIV Division, HIV Care & Support Services made application for technical assistance to the National Quality Center in October 2006. The request sought to increase/develop the STD/HIV Division, and the Ryan White Programs' capacity and quality management infrastructure. Specifically support was requested to align quality management goals and objectives across the HIV Care & Support delivery system. This involves

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coordinating activities among the 10 Ryan White Part C clinics, 11 Ryan White Part B providers, 8 health department regions, and 6 Part D providers. The division, together with HAB and NQC staff, sought to improve relationships through building a unified statewide quality management plan and a common framework for improving the care of South Carolinians living with HIV.

Before this technical assistance request, two Part C programs (Catawba and Low Country) received quality management coaching from Lori DeLorenzo. A HIVQUAL quality improvement Regional group was launched by Amelia Broussard in the spring of 2006, sponsored by the Primary Care Association, which included an additional six Part C programs.

- The Part B, C& D staff will be responsible for providing/coordinating training for providers. Currently National Quality Center is providing technical assistance to HIV Care & Support Service staff and Quality Management Steering Committee members. A total of 8 stakeholders statewide participated in the National Quality Center's Training of Trainers. Five (5) participants are members of the Quality Management Steering Committee.
- TOT Participants will facilitate at least three quality management trainings each over the next four months (120 days).
- Through 2008 State health department staff will coordinate training with SC HIV/AIDS Clinical Training Center, HIV Planning Council Co-Chairs, National Quality Center, and local trainers as indicated.

Process to Update QM Plan

- Plan is reviewed and updated annually by consensus by Ryan White staff in consultation with QM Steering, and Regional CQI Committees.

Communication

- Quarterly Regional CQI committee meetings are held and minutes shared with Quality Management Steering Committee, and STD/HIV Division bi-annual face-to-face Statewide All Parts meetings with stakeholders, and quarterly HIV Planning Council meetings.

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Attachment B

**FY 2007-2008 Quality Improvement Plan
STD/HIV Division, HIV Care & Support Service Section, Bureau of Disease Control**

HRSA's HIV/AIDS Bureau in coordination with HRSA's Office of Performance Review aligned quality measures with performance measures for Part C and D to identify and prioritize quality measures for grantees. These measures are consistent with measures selected by stakeholders of all HIV programs in the state. The overarching purpose of this plan is to improve the quality of care for people living with HIV in the state. Through creating an effective and actionable quality management plan, and assuming a direct role in support of quality improvement activities in the state, participants will conceptualize and implement a quality management program, and develop a supporting infrastructure across the defined service area that is consistent with legislative requirements and guidance expectations for all Parts of the Ryan White HIV/AIDS Treatment Modernization Act. The scope of the All Parts collaboration will include opportunities to explore and test strategies that will focus on:

- Alignment Across Jurisdictions and Services, including ADAP, to support a common vision of service delivery and quality of services;
- Integration of Data and Information Systems to facilitate information sharing and performance measurement to support delivery of quality health services;
- Improving Access to Care and Retention of HIV/AIDS Clients; and
- Optimization and Management of Resources within the currently constrained environment including recruitment and retention of personnel.

By the end of 2008, Ryan White Grantees will have:

- Developed or refined a quality management plan for the State and initiated implementation of processes to ensure and demonstrate quality of care and services;
- Tested and implemented changes in at least two of the bulleted areas above;
- Developed plans to support ongoing and collaborative quality improvement efforts, through integrating and using the tools made available during the period of technical assistance from the National Quality Center and HRSA/HAB and increased capacity to sustain a statewide quality management program.